months of AICC infused prophylaxis (PX) with 6 months of on-demand (OD) therapy, separated by a 3-month washout period during which patients used on-demand therapy. HRQoL was summarized in two continuous variables: Physical Component Score (PCS-36) and Mental Component Score (MCS-36). The difference between two study periods for 6-month change from baseline in PCS-/MCS-36 are compared using Wilcoxon signed-rank test to measure the difference between two groups regardless of the sequence of medications. To investigate the effect of random sequence in the change of HRQoL, the difference between two study periods for 6-month change from baseline in PCS-/MCS-36 is compared by random sequence using Wilcoxon-Mann-Whitney U test with exact statement. **RESULTS:** Twenty-six patients completed both study periods. 17 of them were >14 years old and thus completed QoL questionnaires and are included in this analysis. The difference between PX and OD in 6-month change from baseline was 2.83 for PCS-36 (p=0.378) and 1.29 for MCS-36 (p=0.890), favored PX on both measures. Regardless of random sequence of medication, HRQoL showed a moderate improvement with PX. When comparing the difference of 6-month change by treatment sequence, patients who initiated with PX then switched to OD had a greater improvement compared to the opposite sequence (PX->OD: 6.59, OD->PX: 0.19 for PCS-36 (p=0.475); PX→OD: 2.66, OD→PX: 0.33 for MCS-36 (p=0.601)). **CONCLUSIONS:** A cross-over effect, albeit statistically non-significant, was observed when the difference of 6-month change was compared by treatment sequence. Patients who started with more favorable medication tended to show a greater improvement, whereas patients in opposite sequence showed a slight improvement.

PSY48

HEALTH-RELATED QUALITY OF LIFE IN RUSSIAN PATIENTS WITH INHIBITOR HEMOPHILIA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on clotting factor level and presence of antibodies to it, names of used medications. Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire, comprising a dimensions of health and visual-analog scale. Statistical analysis of data was performed with χ^2 criteria. **RESULTS:** The results of principal methods of treating inhibitory form of hemophilia in 60 patients with haemophilia A were analysed. Health-related quality of life was assessed for patients older than 11 years (n = 56). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 76.6% of patients reported of problems with mobility; 48.4% of patients informed of difficulties with self-care; 75% of patients had difficulties with usual activity; 81.7% of patients reported of presence of pain or discomfort; 50.1% of patients had an anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 0.57 (SD 0.17), median – 0.52. **CONCLUSIONS:** The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Russian. Results of the study shown high rate of pain/discomfort, of problems with movement, usual activity and low rate of problem with self-care and anxiety/depression.

PSY49

PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

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OBJECTIVES: To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. **METHODS:** A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** A total of 804 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included; at inclusion the quality of life assessed using SF-12 was affected as much in terms of the mental component (41.4 ± 11.6) as the physical component (35.4 ± 8.04) – the norm of the scores for each component is equal to 50 – on D7, the quality of life assessed in a similar manner using SF-12 was 43.31 ± 9.89 for the mental component and 40.93 ± 7.92 for the physical component. A statistically significant improvement was noted for each of the 2 mental (p=0.001) and physical (p<0.001) components between the first day of treatment and the seventh day. On D7, 95.9% declared treatment to be effective, 87.2% were satisfied with their treatment and 89.2% did not observe any side effects to the treatment. 9 out of 10 patients did not complain about side effects related to the treatment. **CONCLUSIONS:** The improvement in quality of life observed directly through SF-12 was also confirmed by patient satisfaction: from the first day, 61% of patients declared themselves to be satisfied. On the 7th day of treatment, 87.10% were satisfied with their treatment. 2/3 patients declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day: It shows the pertinence of the treatment.

PSY50

MANAGING PAIN MANAGEMENT: A PUBLIC HEALTH CHALLENGE

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OBJECTIVES: A daily assessment of the speed of action and effectiveness of treatment of a combination of paracetamol and codeine in patients suffering from intense pain, which has progressed since less than 7 days. **METHODS:** A multicentre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** A total of 804 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included. The severity of pain measured at inclusion using a visual numeric scale was 7 ± 1.3. The severity of pain measured after half a day of treatment was 5.29 ± 1.87 and 5.65 ± 1.85 at the end of the first 24 hours of treatment. A significant improvement in pain was observed from the first half-day (p<0.001). The severity of pain on the 2nd, 4th and 7th evenings was respectively 4.09 ± 1.87; 2.74 ± 1.8 and 1.78 ± 1.7. On D1, 70.8% declared treatment to be effective, 62.56% were satisfied with their treatment and 80.5% did not observe any side effects to the treatment. On D3, 91.5% declared treatment to be effective, 82.4% were satisfied with their treatment and 83.12% did not observe any side effects to the treatment. On D7, 95.9% declared treatment to be effective, 87.2% were satisfied with their treatment and 89.2% did not observe any side effects to the treatment. 9 out of 10 patients did not complain about side effects related to the treatment. **CONCLUSIONS:** A reduction in pain within the first 12 hours showed the pertinence of treatment using a paracetamol-codeine combination. This pertinence was confirmed by 2/3 patients who declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day.

Systemic Disorders/Conditions – Health Care Use & Policy Studies

PSY51

EPIDEMIOLOGY AND TREATMENT PATTERNS OF INHIBITOR HEMOPHILIA IN RUSSIA: PATIENT-REPORTED DATA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with inhibitor hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on clotting factor level and presence of antibodies to it, number of bleeding in last month, number of injections of clotting factors per month, names of used medications, ways of receiving medications, number of ambulance calls and hospitalizations, and the way of administration of medicines. The patients' education level and employment data was collected. Analysis of experimental data was performed with such statistical parameters as χ^2 and Student's criteria. **RESULTS:** The presence of antibodies was detected in 60 patients with haemophilia A (47 patients (78.3%) were adults, 4 (6.7%) – adolescents, 9 (15%) - children upward 11 years old). Mean age was 30 years. 90% of patients experienced bleeding in the last month (median – 3). 85% of patients used clotting factor VIII in the last month (median – 12 times). 13.3% of patients called for an ambulance in a last month and 21.7% of patients were hospitalized during last month. 68.3% of patients perform the injections of clotting factor themselves. **CONCLUSIONS:** The study revealed epidemiologic characteristics and treatment patterns of inhibitor hemophilia in Russia.

PSY52

IMPACT OF TWO DIFFERENT TREATMENT APPROACHES ON EPIDEMIOLOGY OF INHIBITOR HEMOPHILIA IN RUSSIA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on number of bleeding in last month, number of injections of clotting factors per month, names of used medications, number of ambulance calls and hospitalizations. The patients' education level and employment data was collected. Analysis of experimental data was performed with such statistical parameters as χ^2 and Student's criteria. **RESULTS:** The presence of antibodies was detected in 60 patients with hemophilia A (47 patients (78,3%) were adults, 4 (6,7%) – adolescents, 9 (15%) - children upward 11 years old). All patients were divided into 3 subgroups: 31.7% patients received immunological tolerance (IIT), 31.7% - therapy with NovoSeven, 36.6% - mixed therapy. During one month bleeding was indicated in 78.9%, 100%, 90.9% patients in 3 subgroup respectively; clotting factor VIII was used in 100%, 73.7%, 95.4% patients respectively; emergency calls were made by 10.5%, 5.3%, 22.7% patients; 26.3%, 31.6%, 13.6% patients were hospitalized; 63.2%, 68.4%, 72.7% patients made injections of clotting factor themselves. **CONCLUSIONS:** The rate of ambulance calls and hospitalizations was comparatively low. Most patients made injections of clotting factor themselves.

PSY53

CHANGES IN CONCOMITANT THERAPY FOR WEIGHT-RELATED ILLNESS FOLLOWING INITIATION OF WEIGHT LOSS PHARMACOTHERAPY

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OBJECTIVES: Over two-thirds of the US population are overweight or obese. While current pharmacotherapy options for weight loss are limited, new weight loss products have not been approved partly over safety concerns, including some linked to weight-related illnesses such as hypertension. However, very little is known about the association of available weight-loss pharmacotherapy with changes in drug therapy for weight-related illnesses. **METHODS:** A retrospective cohort analysis of a deidentified pharmacy claims database evaluated adult patients initiating weight-loss pharmacotherapy (no weight-loss drug prescriptions 6 months prior) between November 1, 2007 – October 31, 2010. Patients with continuous eligibility for 6 months pre- (baseline) and 6 months post- weight-loss drug initiation were evaluated for changes in concomitant drug therapy associated with weight-related illnesses (hypertension, dyslipidemia, type 2 diabetes, anxiety, gastrointestinal disorders, depression, and hypothyroidism). Six-month outcomes included concomitant therapy incidence, and net change (% patients adding ≥1 drug minus % discontinuing ≥1 drug in each illness category) analyzed using t-test (significance at $p<0.05$). **RESULTS:** A total of 91,160 patients initiated weight-loss pharmacotherapy: phentermine (N=67,434), sibutramine (N=13,438), orlistat (N=8,047), phendimetrazine (N=4,631), and diethylpropion (N= 4,350); mean±SD age 44±12 years (96%, 18-64 y/o), 82% female. Patients received 1.5±0.8 concomitant weight-related illness drugs at baseline for hypertension (21.6%) depression (14.9%), dyslipidemia (11.5%), hypothyroidism (9.2%), gastrointestinal disorders (9.6%), anxiety (6.7%), and diabetes (5.5%). Incident/net therapy change over 6 months for each illness category: hypertension (3.2%/-6.5%), depression (0/-16.0%), dyslipidemia (1.1%/-12.2%), hypothyroidism (1.2%/+0.7%), gastrointestinal disorders (0.2%/-17.1%), anxiety (1.1%/-19.4%), and diabetes (0.6%/-8.9%). All net changes from baseline are significant ($p<0.05$), with the exception of hypothyroidism therapy. **CONCLUSIONS:** Concomitant therapy for obesity-related illnesses generally has a low incidence and declines significantly over 6 months after initiating weight-loss pharmacotherapy. Antihypertensive and hypothyroidism therapy appear to follow different patterns, and whether this reflects disease progression, effect of weight-loss therapy, genetics, or other factors warrants further investigation.

PSY54

A COST ESTIMATION OF THE NEW GUIDELINE TO TREAT BLEEDING EPISODES IN PATIENTS WITH HAEMOPHILIA AND INHIBITORS IN IRAN

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OBJECTIVES: Haemophilia is one of the rare diseases in Iran; the government legally has to cover its costs completely. Total drug subsidies are 320 millions USD and 30% of subsidies have been allocated for the blood coagulating factors. There are 3900 and 1100 registered patients with haemophilia A and B respectively which 190 of them are haemophilia with inhibitors. 17% of total drug subsidies have been allocated for two bypassing agents; recombinant Factor VIIa and activated prothrombin complex concentrate. The ministry of health has proposed a new guideline for managing costs of haemophilia with inhibitors so this study tries to estimate cost of bypassing agents in this protocol and compares it with the current situation. **METHODS:** For estimating the costs of new protocol, the price of medicines and the patients' information and statistics were taken from the Ministry of Health and National Haemophilia Foundation. Information about responding to different treatments and effectiveness of these two medicines were extracted from evidence based literatures and systematic reviews. **RESULTS:** Based on new protocol the average cost for each bleeding episode is 1960 USD; it means 9 million USD for 190 patients annually. A sensitivity analysis shows it can vary from 4 to 14 million USD. The current expenditure for these two bypassing agent is more than 45 million USD annually. **CONCLUSIONS:** The study shows the cost of new protocol for 190 patients with inhibitors is 9 million USD annually; it could be 14 million USD in the worst situation. This is 25 percent of current cost that has been paid for these two bypassing agents. This notable gap may occur because of some reasons such as smuggling to neighbors, off label uses, irrational drug use, inefficient patient management and moral hazards. The absence of efficient guideline not only causes wasting limited resources but also increases risky behaviors.

PSY55

COST OF AUTOLOGOUS AND ALLOGENEIC STEM CELL TRANSPLANTATIONS FOR HAEMATOLOGICAL DISEASE: A DUTCH MULTICENTRE DAILY PRACTICE STUDY

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OBJECTIVES: Peripheral blood stem cell transplantations (PBSCT) are very expensive life-saving medical procedures carried out in patients with haematological disease. The current tariffs are expected to be too low due to developments in treatment protocols. A revision of the tariffs is urgently necessary. We calculated the cost of PBSCT for treating haematological diseases in Dutch daily practice, to provide a proper basis for revising hospital budgets. **METHODS:** From three Dutch university hospitals, we randomly selected 191 patients who underwent an autologous (auto) or allogeneic (allo) PBSCT in 2008 or 2009. The alloPBSCT were subcategorised into sibling, matched unrelated donor (MUD) and unrelated cord blood (UCB). We obtained data from hospital registrations to study all treatment related activities. Unit prices were based both on real costs and tariffs (base year 2010). Thereafter, the average costs per patient per PBSCT and per period were calculated. The total cost included the selection and harvesting, transplantation and 1-year follow-up. **RESULTS:** The average cost per patient of autoPBSCT were € 45,670. The cost of sibling alloPBSCT were € 101,919. The average cost of transplantations from an unrelated donor were much higher: € 171,478 for MUD and € 254,689 for UCB alloPBSCT. Hospital days, laboratory procedures and donor search were the largest cost components and mainly responsible for differences between the four types of PBSCT. None of the patient characteristics were correlated with average cost. The costs calculated in this study are above current reimbursement. The difference is significant ($p=0.043$) and depending on the type of PBSCT, the shortfall varied between 2% and 100%. **CONCLUSIONS:** Average cost of AutoSCT and alloSCT laid above current reimbursement levels. Appropriate financing is necessary to guarantee the continuation of PBSCT in Dutch patients according to current indications. The costs calculated in this study provide reliable input for economic evaluations.

Systemic Disorders/Conditions – Research on Methods

PSY56

EFFECT OF WORKSITE WEIGHT MANAGEMENT PROGRAM ON WORKERS PRODUCTIVITY

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OBJECTIVES: Obesity has reached epidemic proportions and has many cost implications, including increases in medical spending and productivity losses in the workplace. Many studies have found a correlation between workers obesity and absenteeism (days missed from work) and presenteeism (losses in on the job productivity). Our study examines the impact of a worksite weight management program on workforce productivity. **METHODS:** The Work Limitations Questionnaire (WLQ) was administered to study participants (N=379) at beginning and end of 2-year trial. Employees were asked about their productivity during the previous 2 weeks of work and to rate any impairment they had in the areas of time, physical, mental-interpersonal and output demands on a five-point scale. The resulting WLQ productivity loss score was converted to a percent of time lost. Using a t-test, we compared mean productivity and BMI changes over 2 years between the study groups. **RESULTS:** The intervention arm had a mean BMI of 27.85 and 27.93 at baseline and follow-up, respectively, vs. 28.22 and 28.46 in the control arm. The average percent lost productivity for the intervention group was no different from that in the control group (2.20% vs. 2.37%, $p>0.05$). At the two year follow-up, the intervention group saw an increase in lost productivity at 2.44% and the control group saw a decrease at 2.11%. **CONCLUSIONS:** Our results suggest that having a weight management program does not necessarily improve productivity of the workforce. Future studies should further examine the relationship between obesity, weight loss and productivity as well as methods to increase productivity of the working population.

PSY57

WAIST CIRCUMFERENCE AND BODY MASS INDEX RECORDING – A THIN DATABASE STUDY

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OBJECTIVES: Waist circumference (WC) is considered an indicator of cardiovascular and metabolic risk therefore it is important to assess electronic WC recording in general practice. This study evaluated the level of WC recording in UK primary care and its association with body mass index (BMI). **METHODS:** WC recording in The Health Improvement Network (THIN) between 2007 and 2010 was assessed. Patients with and without WC records were counted by practice, year and BMI category (underweight $<18.5 kg/m^2$, normal ≥ 18.5-$<25 kg/m^2$, overweight ≥ 25-$<30 kg/m^2$, obese $\geq 30 kg/m^2$, no BMI record). Patients were registered at the practice for the entire year. Only WC and BMI records during the year of interest were included. **RESULTS:** From 2007-2010 there were 59,193 patients (1.4%) with a WC record. WC recording increased over time from 0.9% of patients in 2007 to 1.6% in 2010. However, there were still 69 practices (15.7%) with no WC records during 2010. Overall, patients with a WC record had a mean age of 60.9 years (standard deviation (SD): 17.4), mean WC of 90.4cm (SD:15.0) and 53.2% were male. Patients without a WC record had a mean age of 49.5 years (SD:21.5) and 49.5% were male. 2.1% and 78.2% of patients with and without a WC record respectively did not have a BMI record. Of patients with BMI and WC, 0.7% were underweight, 20.9% normal, 36.4% overweight and 42.0% obese, whereas patients without WC were categorised as 2.8%, 32.7%, 33.2% and 31.3% respectively. **CONCLUSIONS:** Despite the WC recording percentage being low, nearly sixty thousand patients had a WC record and recording increased over time. Research would therefore benefit from investigating later years. GPs seemed more likely to record WC for patients with high BMI, therefore research using WC should investigate any potential bias this may introduce. Future studies could investigate associations between WC recording and other factors.

PSY58

RESPONSIVENESS OF THE TREATMENT SATISFACTION WITH MEDICINES QUESTIONNAIRE (SATMED-Q) IN A LONGITUDINAL SAMPLE OF PATIENTS WITH NEUROPATHIC PAIN

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OBJECTIVES: The Treatment Satisfaction with Medicines (SATMED-Q) questionnaire has shown appropriate psychometric properties exploring patient's satisfac-